

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/1/99
O.I.P.E. CLASSIFIER		49	9/2/99
FORMALITY REVIEW	<i>[Signature]</i>	71423	9-9-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	A
2		✓	
3		✓	
4		✓	
5		✓	
6		✓	
7		✓	
8		✓	
9		✓	
10		✓	A
11		✓	
12		✓	
13		✓	
14		✓	A
15		✓	A
16		✓	
17		✓	
18		✓	A
19		✓	A
20		✓	A
21		✓	
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26		✓	
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46		✓	
47		✓	
48		✓	
49		✓	
50		✓	

Claim	Final	Original	Date
51	✓	✓	A
52	✓	✓	A
53		✓	
54		✓	
55		✓	A
56		✓	A
57		✓	A
58		✓	
59		✓	
60		✓	A
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67		✓	A
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Claim	Final	Original	Date
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147		✓	
148		✓	
149		✓	
150		✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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